

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Southern District of Ohio

Berkshire Life Insurance Company of America

Plaintiff(s)

v.

Paula A. Habib, M.D.

Defendant(s)

Civil Action No. **2:12-cv-00648**

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* **Paula A. Habib, M.D.**
1365 Boylston Street
Boston, MA 02215-3919

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Ryan P. Sherman, Esq.
Porter, Wright, Morris & Arthur LLP
41 South High Street
Columbus, Ohio 43215

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 09/24/2012

CLERK OF COURT



Civil Action No. **2:12-cv-00648****PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Paula A. Habib, M.D.
 was received by me on *(date)* 9 / 24 / 2012 .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____ , a person of suitable age and discretion who resides there,
 on *(date)* _____ , and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____ , who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

~~xx~~ Other *(specify)*: sent summons and complaint via certified mail (7011 0470 0001
 6201 8813); date delivered 9/27/2012.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 10/1/2012

/s/Eduardo Rivera

Server's signature

Eduardo Rivera, Deputy Clerk

Printed name and title

Office of the Clerk
 85 Marconi Blvd., Suite 121
 Columbus, OH 43215.

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>Don Brady</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Don Brady</i></p> <p>C. Date of Delivery <i>10/02/12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p><i>Paula A. Habib, M.D. 1365 Boylston Street Boston, MA 02215-3919</i></p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p><i>7011 0470 0001 6201 8813</i></p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt <i>12-643 TPK</i> <i>summons</i></p>	

102595-02-M-1540

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Columbus, Ohio 43215

